

PERT Program - Woodrow Wilson Rehabilitation Center

Mailing Address: P. O. Box 1500, WWRC Box W-350

Physical Address: 243 Woodrow Wilson Lane

Fishersville, Virginia 22939-1500

**PREP Visit Agenda**

School: \_\_\_\_\_

Admission Day/Date @ PERT: \_\_\_\_\_

Departure Day/Date from PERT: \_\_\_\_\_

Number of Students: \_\_\_\_\_

☐ **Interest Inventories Completed**

☐ **Arrival Schedule**

☐ **Weekday Schedule**

☐ **What to Bring/not to Bring**

☐ **Standards of Conduct**

☐ **Money**

☐ **Use of Tobacco Products**

☐ **Transportation**

☐ **Inclement Weather**

☐ **Phone Calls Home**

☐ **Medical: Bring all medications for your stay at the Center in original bottle with accurate directions on the bottle**

☐ **Homework: make plans, if needed**

☐ **Bring Bedding (Pillow, Sheets, Blanket/Quilt or Sleeping Bag)**

☐ **Pre-Arrival Letter**

☐ **Student Portfolio**

☐ **Selection of Room Mates**

☐ **Top** ☐ **Bottom Bunk**

Arrival Day \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_ with \_\_\_\_\_

Exit Day \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_ with \_\_\_\_\_

**Room Mates:**

\_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_

**Questions/Issues** \_\_\_\_\_